

PREPARATION GUIDE FOR FULL FBT TRAININGS

A. Determine Optimum FBT Training Model.

1. Explore FBT website at: <http://familybehaviorther.wixsite.com/familytherapy>
2. Contact Dr. Brad Donohue (702-557 5111; bradley.donohue@gmail.com) or qualified FBT technician at the National FBT Information Depot (702 895 2468) for assistance navigating through the website and having questions answered about the model.

B. Secure trainer and assure sufficient referrals & funding if FBT is a good fit.

1. [Visit training section of FBT website](#) to identify a qualified trainer.
2. Assure each provider being trained in FBT will be able to provide FBT services to at least 1 person per week for up to 1 year & all treatment cases will be seen in FBT model.
3. Assure requisite funding to be trained.

Options include:

- a. reading FBT treatment manual & free resources on website, videos & cost-free technical assistance from Dr. Donohue or National FBT Information Depot.
- b. assistance from Dr. Donohue writing grants to support FBT.
- c. cost-share w/ other agencies.
- e. charging outside agency attendees fees for Continuing Education Units for licensure.
- f. sample intervention components to determine if FBT has good fit with agency or to integrate w/ existing evidence-based treatments.

C. Preparation for 1st workshop

1. Administrative head at agency completes Training Readiness Interview & Contracts w/ trainer.
2. State licensed supervisor at agency completes Training Readiness Interview & Contracts w/ trainer.
3. Providers at agency complete Training Readiness Interview & Contracts w/ trainer.
- See Training Readiness Interview & Contract in training section of FBT website.
4. Schedule workshop dates
5. Assure travel arrangements for trainer(s)
6. Assure lodging arrangements for trainer(s)
7. Purchase respective Adult or Adolescent FBT treatment manual for each provider and supervisor.

[Donohue, B., & Allen, D.A. \(2012\). Family Behavior Therapy: A Step-By-Step Approach to Adult Substance Abuse. Hoboken, NJ: John Wiley & Sons, Inc.*](#)

[Donohue, B., & Azrin, N. H. \(2011\). Family Behavior Therapy: A Step-By-Step Approach to Adolescent Substance Abuse. Hoboken, NJ: John Wiley & Sons, Inc.](#)

8. Distribute the respective Workshop Presentation Outline & Handout for YOUTH FBT, ADULT FBT, or ADULT FBT IN CHILD WELFARE SUPPLEMENT.
9. Assign providers and supervisor to read 1st 4 chapters of respective treatment manual books above in preparation for FBT baseline quiz at start of workshop.
10. Establish a password protected filing system to temporarily store session audio-tapes for trainer to review for treatment integrity that is HIPPA compliant.

11. Determine record forms that will be incorporated into FBT filing system with Dr. Donohue, National FBT Information Depot technician, or FBT Trainer.
 - Record forms & protocols organized separately (e.g., hanging folders) or within existing records.
 - The trainer(s) should, ideally, review filing system the day before or after initial workshop.
 - Some forms may be irrelevant due to electronic recording systems or licensing requirements.
12. Utilize itinerary from trainer & make arrangements to achieve continuing education credits for providers' and supervisor's licensure for the workshop (if desired).
13. Purchase digital audio-tape recorder for each provider & supervisor to be used in treatment sessions.
14. Arrange workshop site that can accommodate the # of providers to be trained, including computer w/ website access, PowerPoint, and projector.
15. Ideally, arrange to have trainer(s) meet w/ select administrators, supervisors and/or providers in on-site lunches and dinners.
 - Permits rapport between trainer(s) and agency representatives
 - Permits conversation about intervention implementation
 - Permits conversation about administrative aspects of FBT adoption
16. Assure a list of therapists/providers is available to be signed for CEUs, if applicable.

D. 1st Workshop

1. Instruct providers to complete pre-FBT quiz.
 2. Assure no cell phone texting or calls occur and that lap top computers are closed during meetings, and checked only during scheduled breaks.
 3. Attempt to arrange on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), and providers.
 4. Schedule on-going training to occur 1.5 hrs each week with all providers, supervisor(s) and trainer(s).
 5. Supervisor(s) instructed to evaluate trainer adherence for workshop using "Method of Assessing Integrity of Trainer's Workshop" (Youth, Adult, Child Welfare) form.
 - This assists supervisor learning, & trainer adherence reliability check w/ completed "Method of Assessing Integrity of Trainer's Workshop" form.
 6. Initiate trainer workshop implementation (w/ Workshop Presentation Outline & Handout).
 7. Instruct providers who did not pass FBT quiz previously w/ 80% to complete post-FBT quiz.
- *Supervisor should ideally spend 4 hours the day before or after the workshop to (1) establish/review FBT filing system, including organization of records, protocols, and handouts, and (2) practice FBT case review for supervision/on-going training.

E. Following 1st Workshop

1. Within 2 wks. of 1st workshop, supervisor initiates client case reviews in supervision/on-going training meetings.
2. Assure at least 1 session audio-tape per therapist/provider is reviewed for treatment integrity by trainer(s) each week with every provider having at least 1 tape randomly reviewed by trainer each month. Audio-tapes should be electronically provided to trainer for every FBT session provided.
 - Scores will be recorded to document the demonstration of requisite skills.
3. Assure at least 1 session audio-tape per team will be reviewed for treatment integrity each week by a provider (see case presentation format in FBT adult or adolescent treatment manuals as to how to select providers for these reviews).

4. Assure 1 hr. every other month calls to occur between agency head, supervisor(s), trainer(s), and other staff whenever possible to review FBT implementation (i.e., adherence, # of cases seen, morale).

5. Assure lead trainer talks w/ each provider on the telephone for 15 mins. within 1 month of the 1st workshop to review potential concerns, skill sets, confidence w/ FBT, expectations.

F. Preparation for 2nd and 3rd workshops

1. Schedule workshop approx.. 3 to 4 months after initial workshop.
2. Make travel arrangements for trainer(s)
3. Make lodging arrangements for trainer(s)
4. Assure supervisor(s) and providers have 1 copy of the respective Workshop Presentation Outline & Handout (for Youth FBT, Adult FBT, or Adult FBT in Child Welfare Supplement).
 - These are the same forms utilized in the 1st workshop.
5. Obtain 2nd workshop itinerary, & make arrangements for ceus for providers/supervisor (if desired).
6. Arrange workshop location, including computer w/ website access, PowerPoint, and a projector.
7. Arrange site for # of providers to be trained, including computer w/ website access, PowerPoint, and a projector for workshop.
8. Ideally, arrange to have trainer(s) meet w/ select administrators, supervisors and/or providers in on- site lunches & dinners.
9. Assure no cell phone texting or calls occur and that lap top computers are closed during meetings, and checked only during scheduled breaks.

G. 2nd and 3rd Workshops

1. Instruct providers to complete pre-FBT quiz if not passed previously w/ 80%.
2. Assure no cell phone texting or calls occur and that lap top computers are closed during meetings, and checked only during scheduled breaks.
3. Attempt to arrange on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), and providers.
4. Schedule on-going training to occur 1.5 hrs each week with all providers, supervisor(s) and trainer(s).
5. Supervisor(s) instructed to evaluate trainer adherence for workshop using “Trainer Adherence to Workshop Protocol According to Attending Supervisor” form.
6. Facilitate trainer workshop implementation (w/ Workshop Presentation Outline & Handout).
7. Instruct providers who did not pass FBT quiz previously w/ 80% to complete post-FBT quiz.

H. Following 2nd and 3rd Workshops

1. Within 1 week of 2nd and 3rd workshop, respectively, resume client case reviews in supervision/on-going training meetings.
 - On-going training meetings usually last 11 months after the initial workshop, & may fade as adherence is evidenced across intervention components (i.e., 80% adherence per each intervention component is required to demonstrate sufficient adherence).
2. Assure at least 1 session audio-tape per therapist/provider is reviewed for treatment integrity by trainer(s) each week with every provider having at least 1 tape randomly reviewed by trainer each month. Audio-tapes should be provided for every FBT session provided.
 - These will be saved for demonstration of requisite skills.
3. Assure at least 1 session audio-tape per team will be reviewed for treatment integrity each week by a provider.
4. Collect forms that demonstrate requisite skill acquisition from trainers for all providers and supervisor(s).